

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND   |                                   |   |   |                  |   |   |    |   |   |   |   |
|---|-----------------------------------|---|---|------------------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>6/28/05</u>   |                                   | 2 Serial/Patent # <u>10/520813</u>  |   |                  |   |   |    |   |   |   |   |
| 3 Please refund the following fee(s):   |                                   | 4 PAPER<br>NUMBER   | 5 DATE<br>FILED                                   | 6 AMOUNT         |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>   | Filing                            |   |   | \$ <u>100.00</u> |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>   | Amendment                         |   |   | \$               |   |   |    |   |   |   |   |
| <input type="checkbox"/>  | Extension of Time                 |   |   | \$               |   |   |    |   |   |   |   |
| <input type="checkbox"/>  | Notice of Appeal/Appeal           |   |   | \$               |   |   |    |   |   |   |   |
| <input type="checkbox"/>  | Petition                          |   |   | \$               |   |   |    |   |   |   |   |
| <input type="checkbox"/>  | Issue                             |   |   | \$               |   |   |    |   |   |   |   |
| <input type="checkbox"/>  | Cert of Correction/Terminal Disc. |   |   | \$               |   |   |    |   |   |   |   |
| <input type="checkbox"/>  | Maintenance                       |   |   | \$               |   |   |    |   |   |   |   |
| <input type="checkbox"/>  | Assignment                        |   |   | \$               |   |   |    |   |   |   |   |
| <input type="checkbox"/>  | Other                             |   |   | \$               |   |   |    |   |   |   |   |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <u>Done</u> </div>  |                                   |   | 7 TOTAL AMOUNT<br>OF REFUND      \$ <u>100.00</u> |                  |   |   |    |   |   |   |   |
| 10 REASON:  |                                   | 8 TO BE REFUNDED BY:  |   |                  |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/> Overpayment<br><input type="checkbox"/> Duplicate Payment<br><input type="checkbox"/> No Fee Due (Explanation): |                                   | Treasury Check<br><br>Credit Deposit A/C #:<br>9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">2</td> <td style="width: 20px;">--</td> <td style="width: 20px;">3</td> <td style="width: 20px;">6</td> <td style="width: 20px;">9</td> <td style="width: 20px;">0</td> </tr> </table> |   |                  | 0 | 2 | -- | 3 | 6 | 9 | 0 |
| 0   | 2                                 | --  | 3   | 6                | 9 | 0 |    |   |   |   |   |
|   |                                   |   |   |                  |   |   |    |   |   |   |   |
| 11 REFUND REQUESTED BY:   |                                   |   |   |                  |   |   |    |   |   |   |   |
| TYPED/PRINTED NAME: <u>Darrell Cottman</u>  |                                   |   | TITLE: <u>Paralegal</u>                           |                  |   |   |    |   |   |   |   |
| SIGNATURE: <u>Darrell Cottman</u>   |                                   |   | PHONE: <u>703-302-9140 x203</u>                   |                  |   |   |    |   |   |   |   |
| OFFICE: _____   |                                   |   |   |                  |   |   |    |   |   |   |   |
| *****<br>THIS SPACE RESERVED FOR FINANCE USE ONLY:<br>*****   |                                   |   |   |                  |   |   |    |   |   |   |   |
| APPROVED: _____   |                                   | DATE: _____   |   |                  |   |   |    |   |   |   |   |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*